U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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| 1. File Number U - 4446 | | | | 2. Fiscal Year Covered From: | | | | | |
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| 3. Name and address of person filing. | | | | | 4. Name | , file number, and ad | ldress of labor org | anization. | |
| Name | Frank | W Fe | ars | | Name | I.B.E.W. Loc | al 84 | | |
| | | | | | Labor | Organization File Nu | mber <i>[2]4]</i> | 199 Lang | |
| P.O. Box, Bldg., Room No., if any | | | | | P.O. B | ox, Building and Roo | om Number, if any | | |
| Street 65 W. Honeysuckle Lane | | | | | Street | 2315 Church | Road | | |
| O:L. | | | | | | | | | |
| City | Carrollton | | | | City | Smyrna | | | |
| State | Georgia | | ZIP Code + 4 | 30116 | State | Georgia | | ZIP Code + 4 | 30080 |
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| Name of Person Filling Frank Fears | | File Number U- | | | | |
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| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organizat b. Trust c. Employer | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealin | | | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | | | | | | |
| Street | 11.b. Approximate dollar value | e of such dealing. | | | | |
| City | 12.a. Nature of interest held | or income received. | | | | |
| State ZIP Code + 4 | | | | | | |
| | 12.b. Amount | | | | | |
| | | | | | | |
| C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | | |
| Name | Fig. 1 - Control of Co | | | | | |
| Trade Name, if any: | | | | | | |
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| Street | | | | | | |
| City | т- | | | | | |
| State ZIP Code + 4 | | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | | |